

Wooster High School Transcript Release Form

515 Oldman Road, Wooster, Ohio 44691
Phone: 330-345-4000, Fax: 330-345-3501
email to: wstr_dlepley@woostercityschools.org

The transcript of an academic record is an "educational record," as defined by P.L. 93-380. In addition to academic information, it may contain personally identifiable and directory information such as date and place of birth, high school graduation date, etc. Except as provided by law, it is only released upon prior written consent of the student.

Notes: Allow 3-5 working days for processing.

- All financial obligations must be paid before transcripts will be released.
- Use a separate form for each different mailing address to which you desire transcripts sent.
- Transcript reflects credit courses only.
- Print and return this form to Wooster High School either by mail, fax or scan and email.
- Transcripts sent directly to a student are marked "unofficial;" a third party may not accept these transcripts.

Please print clearly and carefully in all areas below except signature line that must be signed: I hereby authorize Wooster High School to release the transcript of my academic record.

Year of graduation _____ Date of request _____ Phone number _____

Non graduates: last date attended _____ Date of birth _____ Maiden name _____

Name _____
(last) (first) (middle)

Current address _____ City _____ State _____ Zip Code _____

(A) _____ MAIL PERSONAL (UNOFFICIAL) COPY TO THE ABOVE ADDRESS.

(B) _____ RELEASE UNOFFICIAL TO SELF.

(C) _____ FAX UNOFFICIAL TO INSTITUTION NAME/FAX NUMBER _____

(D) _____ MAIL OFFICIAL TO THE NAME/ADDRESS LISTED BELOW.

(E) _____ RELEASE OFFICIAL TO SCHOLARSHIP COMMITTEE _____

Institution Name/Address _____

Institution City/State/Zip _____

Student Signature _____

Parent Signature _____

(if under 18 years of age)

For Office Use Only:

Date released: _____ Initials: _____